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「摯安心精選」醫療保險計劃 Caring Medical Protection Plus

專為藍十字團體醫療保險成員而設
Exclusive for Blue Cross Group Medical
Insurance Members



2020年1月生效
With effect from Jan 2020

藍十字（亞太）保險有限公司

Blue Cross (Asia-Pacific) Insurance Limited

藍十字（亞太）保險有限公司（「藍十字」）乃東亞銀行集團成員，於香港經營保險業務逾50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在2019年獲得保險行業國際信用評級機構和信息提供商 AM Best 授予財務實力評級及長期發行人信用評級分別為 A（優秀）及「a」級別。有關最新評級，請瀏覽www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a member of The Bank of East Asia Group. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross’ success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2019, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access www.ambest.com.

藍十字給您的服務承諾

Blue Cross Service Commitment to You

讓客戶滿意是藍十字的服務宗旨，我們竭誠迅速處理您的醫療索償。收妥所需文件後，我們承諾會在3個工作天內完成經 Super Care 會員平台遞交的門診索償批核。而住院索償批核會在8個工作天內完成。

您可隨時下載 Blue Cross HK 數碼保險應用程式或登入 www.bluecross.com.hk/supercare 管理您的索償和查閱保單資料。

Customer satisfaction is of Blue Cross’ highest priority, which is why your medical claims are promptly processed. Upon receipt of full documentation, we promise to approve outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will approve within 8 working days.

You can manage your claims and check your policy information anytime via Blue Cross HK Digital Insurance App or www.bluecross.com.hk/supercare.



Blue Cross HK App

「摯安心精選」醫療保險計劃

「摯安心精選」醫療保險計劃為現有藍十字團體醫療保險成員及其配偶及子女[#]而設，讓他們可以團體醫保為基礎，額外為自己及家人的健康加多一重保障，並以較相宜的保費，槓桿式地全面加强醫療保障。

此計劃無須核保，更保證承保現已受保的傷病（即「已存在的狀況」），即使將來在離職或轉職後，也可繼續為您和家人提供醫療保障，並保證續保至 99 歲。

[#] 如配偶及子女並非現有藍十字團體醫療保險成員，則必須填寫健康申報表及通過健康核保，而已存在的狀況將不獲承保。

計劃特點

槓桿式加強醫療保障

一般的團體醫保是為僱員提供基本醫療福利而設，通常也不足以全數支付所有醫療費用，有關的差額便要由僱員自行承擔。因此，僱員應首先檢視現有團體醫療保險計劃的保障範圍及最高賠償額，以決定是否需要額外保障。

以一項大型手術如冠狀動脈血管介入手術（俗稱「通波仔」）為例，手術費用約 \$77,000，如團體醫保為僱員支付 HK\$30,000 - HK\$40,000 手術費，病人的自付金額便由 HK\$37,000 - HK\$47,000 不等。「摯安心精選」醫療保險計劃正好為僱員彌補醫療福利的不足，補貼手術費差額（視乎所選計劃級別），讓僱員可以較相宜的保費，槓桿式地全面提高醫療保障額，以大減低自付費用的機會。

「可攜式」醫保 延續現有保障

「摯安心精選」是一項「可攜式」醫保，即使日後您打算轉職或退休，亦可選擇將現有藍十字團體醫療計劃的保障轉換至「摯安心精選」，讓您及家人延續與現時同級的個人醫療保障。

靈活自選保障賠償方式

「基本住院及手術保障」特設 2 項賠償方式：可按每宗傷病之分項限額或每保單年度總額作出賠償，以支付住院病房、外科醫生、專科醫生、深切治療等費用。

此外，若選擇每保單年度總額方式，您亦可根據自己的預算選擇合適的自付額，既能合乎成本效益，亦可訂造靈活的醫療保障。

Caring Medical Protection Plus

Caring Medical Protection Plus is designed for existing Blue Cross Group Medical Insurance Members and their spouse and child(ren)[#] as a “top-up” cover to the company’s medical plan. With a modest premium, you can enhance the medical cover for yourself and your family by “leveraging” your group medical cover.

No underwriting is required upon enrolment. The Plan offers guaranteed acceptance of all pre-existing conditions currently covered by your company medical policy as well as guaranteed renewal up to the age of 99. No matter you leave the company or move to a new job, this Plan can always provide you and your family the same medical cover.

[#] If spouse and child(ren) are not existing Blue Cross Group Medical Insurance Member, health declaration is required and subject to underwriting. Pre-existing conditions will not be covered.

Plan Highlights

Strengthen Your Medical Protection with Leverage

Generally, group medical cover aims to provide employees the basic medical benefits as part of the remuneration. These plans usually may not be sufficient to cover all your medical expenses and you will have to pay the shortfall at your own expenses. To decide whether you need to top up your health protection, first, you need to study your group medical insurance policy in terms of its coverage and maximum benefit limits.

Take coronary angioplasty as an example, a major surgery usually costs patient around HK\$77,000. If your group medical cover can reimburse HK\$30,000 - HK\$40,000 for such operation, you will have to pay a shortfall of HK\$37,000 - HK\$47,000 out of pocket. With this Plan, you can receive an additional benefit (depending on the selected plan level) on top of your group medical cover. With a modest premium, you can simply enhance your health protection by “leveraging” your group medical cover and reduce your chance of paying medical costs.

Maintain Same Protection in Long Run

Whether you are moving from one employer to another or planning to retire, you will be able to convert the coverage of your existing Blue Cross Group Medical Plan to Caring Medical Protection Plus, ensuring you and your family to enjoy the same level of individual medical coverage as before.

Your Choice of Benefit Reimbursement Options

Basic Hospital and Surgical Benefits offer 2 reimbursement options: Benefit Sub-limit per disability or Lump Sum per policy year, covering expenses including Room and Board, Surgeon’s Fees, Specialist’s Fees, Charges for Intensive Care, etc.

If you choose Lump Sum per policy year, you can also select deductible, which enables you to enjoy cost-effective yet flexible medical protection plan.

無須核保 保證承保「已存在的狀況」¹

一般來說，若獨立購買一份個人醫保，投保人需要通過常規的健康核保程序，而「已存在的狀況」通常也不能獲得承保，部分保險公司或會要求投保人驗身，因此投保時的年齡愈大，不獲承保的機會也愈高。然而，現有團體醫保成員投保「摯安心精選」則沒有此煩惱，申請手續十分簡單，無須驗身、申報健康狀況或通過核保²，所有已受保的傷病保證可獲得承保*。

* 本計劃之不保事項除外。

保證續保至 99 歲³

市場上不少個人醫保計劃，只可續保至 70-80 歲，或會因為索償記錄而影響續保。成功投保「摯安心精選」後，不論您的健康狀況或索償記錄，我們都承諾為您提供續保至 99 歲，讓您享有保障至 100 歲。此外，您的保單更可自動續保至下一個受保期。

一站式索償 手續更簡便

若您的團體和個人醫療保單分別由兩間不同的保險公司承保，一旦提出索償，就需要先後向兩間保險公司遞交索償申請，並必須要求首間公司發還醫療費用收據，才可向第 2 間公司索償剩餘款項，手續繁複。若您選擇投保「摯安心精選」，便可將團體及個人醫療保險的索償程序合二為一，方便快捷。

入院前索償評估

只需在入院或接受治療前的最少 3 個工作天前致電專線 3608 2988 (按 1153) 提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單計算可賠償金額⁴，讓您在財務上更有預算，安心接受治療。

24 小時全球緊急援助

若您身處外地而需要緊急支援，可隨時致電「24 小時全球緊急援助」熱線，由專人為您安排代繳入院按金、醫療運送、提供當地資訊及醫療或法律轉介等服務，以確保您於緊急情況下得到所需協助。

全球保障 安心無憂

無論您在外地公幹或旅遊，均可即時入院接受治療，而且保障額不會因身處外地時間長久而遞減。

自選附加門診保障 雙重放心

您可按個人需要選擇「附加門診保障」以進一步提升保障，更全面照顧您及家人的需要。

Guaranteed Acceptance of Pre-existing Conditions without Underwriting¹

When you apply for a new individual medical insurance plan, underwriting and excluding “pre-existing conditions” are usually a must. Some insurers may require health examination upon enrolment, so the chance of having an application declined would increase with age. For our group medical members enrolling in this Plan, they can have peace of mind that no underwriting, medical examination or health declaration² is required. Apart from offering guaranteed acceptance, we also guarantee you that all pre-existing conditions currently covered by your group medical plan will be automatically covered under this Plan*.

*Except for the exclusions of this Plan.

Guaranteed Renewal up to Age 99³

Many individual medical plans in market are only renewable till the age of 70 to 80 or policy renewal is subject to claim history. Once enrolled in this Plan, we guarantee your policy will be renewable till the age of 99, giving you coverage up to age 100, regardless of your health status or claim history. Moreover, your policy will be automatically renewed for another period of insurance.

One-stop Claim Solution

You can enjoy greater ease and convenience with this Plan by submitting two claims in one go. If your group and individual medical policies are underwritten by two insurers, you need to submit two claims applications one after another, when your claim cannot be fully reimbursed by your group medical cover. The claim procedures are complicated as the process involves the retrieval of all medical receipts from one insurer to another.

Pre-hospitalisation Claim Assessment

Simply make a call to our Hotline on 3608 2988 (press 2153) and provide related information, complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or the start of treatment. We will help you to estimate the eligible claim amount⁴ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

24-hour Worldwide Emergency Aid

If you need assistance with an emergency condition while travelling overseas, you can call our 24-hour Worldwide Emergency Aid Hotline at any time, through which the dedicated officer can provide you with appropriate assistance for hospital admission deposit guarantee service, medical repatriation, local information and medical or legal referral service. In case of emergency, you can be sure help is just a call away.

Worldwide Medical Coverage

Whether you are travelling overseas for leisure or on business, you can receive immediate inpatient treatment when needed no matter where you are. Besides, all benefit limits remain the same no matter how long you stay overseas.

Optional Outpatient Benefits for Enhanced Coverage

You can opt for Optional Outpatient Benefits to cater for your personal needs. With this enhanced health protection, you can be certain that you and your whole family are well taken care of.

基本住院及手術保障（分項限額）

Basic Hospital and Surgical Benefits (Benefit Sub-limit)

此保障支付100%可償醫療費用，每宗傷病最高賠償額如下：

The benefits cover 100% of eligible expenses up to the following maximum benefit limit per disability:

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit Per Disability (HK\$)		
	尊尚 Premier (1)	優越 Superior (2)	標準 Standard (3)
計劃級別 Plan Level			
病房級別 Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
1. 病房費用 Room and Board 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	3,150	1,820	800
2. 醫院雜項費用 Miscellaneous Hospital Charges	29,840	21,820	17,720
3. 外科醫生費用⁵ Surgeon's Fees⁵ <ul style="list-style-type: none"> ▪ 複雜手術 Complex 147,000 ▪ 大型手術 Major 49,000 ▪ 中型手術 Intermediate 25,000 ▪ 小型手術 Minor 10,000 包括中醫治療，每宗傷病最多5次，每天1次，每次限額 Including Chinese Medicine Practitioner Treatment, 5 visits per disability, 1 visit per day, limit per visit			
	180	150	120
4. 麻醉科醫生費用[#] Anaesthetist's Fees[#] <ul style="list-style-type: none"> ▪ 複雜手術 Complex 44,100 ▪ 大型手術 Major 14,700 ▪ 中型手術 Intermediate 7,500 ▪ 小型手術 Minor 3,000 			
	3,000	2,400	1,800
5. 手術室費用[#] Operating Theatre Charges[#] <ul style="list-style-type: none"> ▪ 複雜手術 Complex 44,100 ▪ 大型手術 Major 14,700 ▪ 中型手術 Intermediate 7,500 ▪ 小型手術 Minor 3,000 			
	3,000	2,400	1,800
6. 醫生巡房費用 Physician's Visit Fees 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	3,150	1,820	800
7. 專科醫生費用 Specialist's Fees 需具書面轉介 Referral letter is required	9,810	7,560	6,400
8. 深切治療費用 Charges for Intensive Care 每宗傷病最長30天，每天限額 Max. 30 days per disability, limit per day	8,600	6,600	5,600
9. 註冊私家看護費用 Registered Private Nurse's Fees 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	1,200	810	400
10. 先進診斷掃描（在門診進行） Advanced Diagnostic Imaging (Performed in outpatient facility)	10,000	8,000	5,000
11. 緊急門診治療 Emergency Outpatient Treatment	3,000	3,000	2,500
12. 每天住院現金津貼⁶ Daily Hospital Cash Allowance⁶ 每宗傷病最長45天，每天限額 Max. 45 days per disability, limit per day	1,550	910	400

[#] 藍十字在須支付「外科醫生費用」的情況下，方可賠償此保障所招致的費用。

註：▪ 76歲或以上受保人士的每保單年度綜合最高賠償額分別為HK\$650,000（尊尚計劃）、HK\$300,000（優越計劃）及HK\$180,000（標準計劃），並以上列各項保障之每宗傷病最高賠償額為限。

▪ 所有費用必須為「合理慣例」⁸及「醫療必要」⁹的開支。

[#] Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.

Remarks: ▪ The overall maximum benefit limits per policy year for insured aged 76 or above are HK\$650,000 (Premier Plan), HK\$300,000 (Superior Plan) and HK\$180,000 (Standard Plan) respectively and subject to the maximum benefit limit per disability of each benefit item listed above.

▪ All expenses incurred must be Reasonable and Customary⁸ and Medically Necessary⁹.

基本住院及手術保障（總額）

此保障支付100%超出自付額（如適用）的一筆過可償醫療費用，每保單年度最高賠償額如下：

每保單年度最高賠償額 Maximum Benefit Limit Per Policy Year (HK\$)									
計劃級別 Plan Level	尊尚 Premier (4)			優越 Superior (5)			標準 Standard (6)		
病房級別 Level of Accommodation	私家房 Private			半私家房 Semi-private			普通房 Ward		
自付額 ⁷ Deductible ⁷	0	120,000	300,000	0	60,000	150,000	0	30,000	80,000
每保單年度最高賠償額 [^] Maximum Benefit Limit Per Policy Year [^]	650,000			300,000			180,000		

[^] 藍十字將賠償基本住院及手術保障（分項限額）表中第1至11項之可償醫療費用，以上述每保單年度最高賠償額為上限。唯所有中醫治療費用須受限於基本住院及手術保障（分項限額）表中第3項所列明的最高賠償額。

註：所有費用必須為「合理慣例」⁸及「醫療必要」⁹的開支。

Basic Hospital and Surgical Benefits (Lump Sum)

The benefits cover 100% of eligible expenses with a lump sum payment in excess of the deductible (if applicable) up to the following maximum benefit limit per policy year:

[^] Blue Cross will reimburse the eligible expenses for items 1-11 in the table of Basic Hospital and Surgical Benefits (Benefit Sub-limit) up to the above maximum benefit limit per policy year. However, all benefits payable in respect of Chinese Medicine Practitioner Treatments are subject to the maximum benefit limit as stated under item 3 in the table of Basic Hospital and Surgical Benefits (Benefit Sub-limit).

Remark: All expenses incurred must be Reasonable and Customary⁸ and Medically Necessary⁹.

如受保人實際入住之病房和所用服務的級別高於可享有的級別，可獲的賠償金額將採用下列賠償基準計算：

If the insured is confined to a level of hospital facilities and services higher than the entitled level, the eligible claims will be calculated based on below scale of reimbursement:

可享有的病房級別 Entitled Level of Accommodation	實際入住的病房級別 Actual Level of Accommodation	可獲賠償百分比* Reimbursement Percentage of All Eligible Claims*
普通房 Ward	半私家房 Semi-private	50%
普通房 Ward	私家房 Private	25%
普通房 Ward	豪華房 Deluxe	12.5%
半私家房 Semi-private	私家房 Private	50%
半私家房 Semi-private	豪華房 Deluxe	25%
私家房 Private	豪華房 Deluxe	50%

*只適用於基本住院及手術保障（總額）。

*Applicable to Basic Hospital and Surgical Benefits (Lump Sum) only.

附加門診保障

此保障支付80%可償門診費用，您可選擇於任何診所接受治療，而最高賠償額詳列於下表。

如選擇年繳保費，您可於任何網絡診所使用藍十字醫療卡接受普通科醫生診症、中醫治療或專科醫生診症，每次診症的自付費用為HK\$30。

Optional Outpatient Benefits

The benefits cover 80% of eligible outpatient expenses. You may visit any clinic at your own choice and subject to the maximum benefit limit listed in the table below.

If premium is paid annually, you are entitled to use Blue Cross Healthcare Card in any network clinic for general practitioner's consultations, Chinese medicine practitioner treatments or specialist's consultations. Consultations in network clinics are subject to a co-payment of HK\$30 per visit.

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)		
	尊尚 Premier	優越 Superior	標準 Standard
普通科醫生診症 General Practitioner's Consultation 每天1次，每次限額 1 visit per day, limit per visit	340	250	200
中醫治療 Chinese Medicine Practitioner Treatment 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	180	150	120
此兩項保障項目每保單年度合共最多25次 Max. 25 visits per policy year in total for these two benefit items			
專科醫生診症 Specialist's Consultation 需具書面轉介 Referral letter is required 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	510	380	300
處方藥物 Prescribed Medicines and Drugs 只適用於醫院或診所以外之註冊藥房購買，並需具處方信件 Applicable to purchase from a registered pharmacy outside hospital or clinic only and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
X光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,500	1,900	1,500
物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	340	250	190

註：所有費用必須為「合理慣例」⁸及「醫療必要」⁹的開支。

Remark: All expenses incurred must be Reasonable and Customary⁸ and Medically Necessary⁹.

申請需知

增值保障

- 首年及續保保費9折
- 適用於**現有**藍十字團體醫療保險成員，而其團體計劃必須包括「基本住院及手術保障」。
- 計劃亦適用於現有藍十字團體醫療保險成員之配偶及子女[#]。
- 於團體醫療保單成員生效日或於每個保單續保日起計的30天內申請。
- 保單生效日無須與團體醫療保單成員生效日或續保日相同¹⁰。
- 保單生效日將根據藍十字收到投保書或完整資料的日期，以較遲者為準¹⁰。
- 索償貼士
 - 藍十字會根據受保人於索償申請時所提供的團體醫療保單及本計劃的保單編號一併進行審批及賠償，方便快捷。

先由團體醫療保單支付可償醫療費用
Eligible medical expenses are first reimbursed by the group medical policy

- 就「已存在的狀況」之索償（如適用），本計劃支付賠償餘額的百分比如下：

保單年度 Policy Year	「基本住院及手術保障」 Basic Hospital and Surgical Benefits
	可償醫療費用之賠償百分比* Reimbursement Percentage of Eligible Medical Expenses*
第1年 1 st year	50%
第2年或以後 2 nd year and after	100%

* 所有賠償須受限於有關保障項目之最高賠償額（如適用）。

Enrolment Guideline

Top Up Option

▪ 10% off First Year and Renewal Premium

- Applicable to **existing** Blue Cross Group Medical Insurance Members in which the group policy includes Basic Hospital and Surgical Benefits.
- Spouse and child(ren)[#] of the existing Blue Cross Group Medical Insurance Members can also enrol this Plan.
- Enrol within 30 days from the Member's commencement date or upon each renewal date of the group medical policy.
- Policy effective date is not necessarily to be the same as the Member's commencement date or renewal date of the group medical policy¹⁰.
- The policy effective date will be subject to the application or completed information received by Blue Cross, whichever is later¹⁰.
- Claim Tips
 - When the insured files a claim with us, we will access the claim based on the group medical policy and this Plan in one go if both policy numbers are provided. Fast and simple!

然後再由本計劃支付賠償餘額（如有）
Any shortfall will then be reimbursed by this Plan

- For claims related to pre-existing conditions (if applicable), the shortfall will be reimbursed by this Plan according to the following table:

轉換保障

- 適用於**將轉職或退休**的藍十字團體醫療保險成員，而其團體計劃必須包括「基本住院及手術保障」。
- 計劃亦適用於現有藍十字團體醫療保險成員之配偶及子女[#]。
- 於團體醫療保單成員資格終止¹¹日起計的30天內申請。
- 保單生效日必須是最後受僱日之翌日¹⁰。

[#] 如配偶及子女並非現有藍十字團體醫療保險成員，則必須填寫健康申報表及通過健康核保，而已存在的狀況將不獲承保。

Conversion Option

- Applicable to Blue Cross Group Medical Insurance Members with Basic Hospital and Surgical Benefits **who are going to resign or retire.**
- Spouse and child(ren)[#] of the existing Blue Cross Group Medical Insurance Members can also enrol this Plan.
- Enrol within 30 days from the date of termination¹¹ of the group medical membership.
- Policy effective date must be the following day of the last day of employment¹⁰.

[#] If spouse and child(ren) are not existing Blue Cross Group Medical Insurance Members, health declaration is required and subject to underwriting. Pre-existing conditions will not be covered.

計劃級別

在無需核保的情況下，現有藍十字團體醫療保險成員可按現有的團體醫療保險計劃，選擇投保相應的計劃級別。現有團體醫保提供的病房級別愈高，可供選擇的計劃級別則愈多。詳情請參考下表：

現有團體醫療保險保單 Existing Group Medical Insurance Policy	「摯安心精選」 Caring Medical Protection Plus
病房級別 Level of Accommodation	相應之「基本住院及手術保障」計劃級別 Corresponding Plan Level of Basic Hospital and Surgical Benefits
私家房 Private	尊尚 (1)/優越 (2)/標準 (3)/尊尚 (4)/優越 (5)/標準 (6) Premier (1)/Superior (2)/Standard (3)/Premier (4)/Superior (5)/Standard (6)
半私家房 Semi-private	優越 (2)/標準 (3)/優越 (5)/標準 (6) Superior (2)/Standard (3)/Superior (5)/Standard (6)
普通房 Ward	標準 (3)/標準 (6) Standard (3)/ Standard (6)

若申請人選擇投保的計劃級別較上表所列出的相應級別為高，或選擇「附加門診保障」（而其團體醫療保單並沒有提供此保障），則必須通過健康核保。

若投保「附加門診保障」，申請人所選的計劃級別需等同或低於「基本住院及手術保障」的級別。詳情請參考下表：

「基本住院及手術保障」計劃級別 Plan Level of Basic Hospital and Surgical Benefits	相應之「附加門診保障」計劃級別 Corresponding Plan Level of Optional Outpatient Benefits
尊尚 (1)/尊尚 (4) Premier (1)/Premier (4)	尊尚/優越/標準 Premier/Superior/Standard
優越 (2)/優越 (5) Superior (2)/Superior (5)	優越/標準 Superior/Standard
標準 (3)/標準 (6) Standard (3)/ Standard (6)	標準 Standard

Plan Level

Without underwriting, the existing Blue Cross Group Medical Insurance Members can choose a corresponding plan level based on their existing group medical insurance policy. The higher level of accommodation they are entitled in the group medical cover, the more options of plan level they will have. Please refer to the below table for details:

If applicants opt for a plan level higher than the corresponding plan levels listed above, or opt for Optional Outpatient Benefits while such benefits are not provided under the existing group medical policy, their applications are subject to underwriting.

If applicants enrol in Optional Outpatient Benefits, they can only opt for a plan level corresponding to or lower than the plan level of Basic Hospital and Surgical Benefits. Please refer to the below table for details:

計劃摘要 Plan Summary

投保年齡 Enrolment Age	12日或以上及66歲生日前 Age of 12 days or above and before 66 th birthday
保障期 Protection Period	至100歲 Up to age 100
保單續保 Policy Renewal	每年續保至99歲 Annual renewal up to age 99
保單貨幣 Policy Currency	港幣 HKD
計劃級別 Plan Level	尊尚 (1)/優越 (2)/標準 (3)/尊尚 (4)/優越 (5)/標準 (6) Premier (1)/Superior (2)/Standard (3)/Premier (4)/Superior (5)/Standard (6)
賠償方式 Reimbursement Options	基本住院及手術保障 Basic Hospital and Surgical Benefits: 分項限額 Benefit Sub-limit / 總額 Lump Sum
基本住院及手術保障（總額）之自付額 Deductible for Basic Hospital and Surgical Benefits (Lump Sum)	尊尚 (4) Premier (4) : HK\$0 / HK\$120,000 / HK\$300,000 優越 (5) Superior (5) : HK\$0 / HK\$60,000 / HK\$150,000 標準 (6) Standard (6) : HK\$0 / HK\$30,000 / HK\$80,000
保障地域 Cover Area	環球 Worldwide
冷靜期 Cooling-off Period	40日 Days
保費繳付方法 Premium Payment Mode	年繳/半年繳/月繳 Annual/Semi-annual/Monthly
核保 Underwriting	無須驗身、申報健康狀況或通過個別健康核保 ² No medical examination, health declaration or individual underwriting is required ²
已存在的狀況 Pre-existing Conditions	保證承保現有團體醫療保單內已受保的傷病 Guaranteed acceptance of conditions which are currently covered under the group medical policy

保費表 Premium Table (HK\$)

申請增值保障可享保費 9 折。10% off premium for applying Top Up Option.

基本住院及手術保障 Basic Hospital and Surgical Benefits (私家房 Private Room)								
計劃級別 Plan Level	尊尚 (1) Premier (1)		尊尚 (4) Premier (4)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		120,000		300,000	
年齡 Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 – 4	7,062	7,062	8,804	8,804	4,376	4,376	2,303	2,303
5 – 9	6,679	6,679	8,326	8,326	4,138	4,138	2,177	2,177
10 – 18	6,210	6,210	7,743	7,743	3,849	3,849	2,025	2,025
19 – 25	7,720	8,148	9,625	10,158	4,782	5,049	2,516	2,657
26 – 30	8,174	8,604	10,191	10,727	5,065	5,330	2,665	2,805
31 – 35	11,132	11,237	13,879	14,009	6,899	6,962	3,630	3,664
36 – 40	11,685	12,024	14,568	14,991	7,239	7,449	3,811	3,921
41 – 45	13,487	14,918	16,815	18,599	8,355	9,242	4,398	4,864
46 – 50	17,122	18,943	21,346	23,618	8,486	9,388	4,466	4,942
51 – 55	21,714	24,015	27,071	29,941	10,762	11,903	5,664	6,264
56 – 60	30,174	30,174	37,619	37,619	14,956	14,956	7,871	7,871
61 – 65	34,927	34,927	43,544	43,544	17,310	17,310	9,110	9,110
66 – 70*	45,411	45,411	56,615	56,615	22,507	22,507	11,845	11,845
71 – 75*	54,892	54,892	68,434	68,434	27,208	27,208	14,317	14,317
76 – 99*	54,892	54,892	68,434	68,434	27,208	27,208	14,317	14,317

* 只適用於續保。66 歲的保費亦適用於受保人 66 歲生日前生效之新保單。Applicable to renewal only. Premium rate for age 66 is applicable to newly policy effective before insured's 66th birthday.

申請增值保障可享保費 9 折。10% off premium for applying Top Up Option.

基本住院及手術保障 Basic Hospital and Surgical Benefits (半私家房 Semi-private Room)								
計劃級別 Plan Level	優越 (2) Superior (2)		優越 (5) Superior (5)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		60,000		150,000	
年齡 Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 – 4	4,317	4,317	5,382	5,382	2,390	2,390	1,003	1,003
5 – 9	3,955	3,955	4,929	4,929	2,188	2,188	919	919
10 – 18	3,518	3,518	4,386	4,386	1,947	1,947	817	817
19 – 25	4,261	4,507	5,310	5,619	2,355	2,494	990	1,046
26 – 30	4,558	4,863	5,683	6,066	2,522	2,692	1,059	1,130
31 – 35	6,178	6,542	7,702	8,156	3,419	3,620	1,436	1,520
36 – 40	6,607	7,263	8,237	9,055	3,760	4,019	1,536	1,688
41 – 45	8,721	9,586	10,873	11,951	4,825	5,304	2,026	2,226
46 – 50	11,075	12,168	13,807	15,170	4,902	5,386	2,059	2,262
51 – 55	14,313	15,726	17,843	19,604	6,336	6,961	2,660	2,922
56 – 60	19,326	19,326	24,094	24,094	8,555	8,555	3,592	3,592
61 – 65	22,376	22,376	27,898	27,898	9,903	9,903	4,160	4,160
66 – 70*	29,088	29,088	36,265	36,265	12,875	12,875	5,406	5,406
71 – 75*	33,691	33,691	42,004	42,004	14,912	14,912	6,262	6,262
76 – 99*	33,691	33,691	42,004	42,004	14,912	14,912	6,262	6,262

* 只適用於續保。66 歲的保費亦適用於受保人 66 歲生日前生效之新保單。Applicable to renewal only. Premium rate for age 66 is applicable to newly policy effective before insured's 66th birthday.

保費表 Premium Table (HK\$)

申請增值保障可享保費 9 折。10% off premium for applying Top Up Option.

基本住院及手術保障 Basic Hospital and Surgical Benefits (普通房 Ward)								
計劃級別 Plan Level	標準 (3) Standard (3)		標準 (6) Standard (6)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		30,000		80,000	
年齡 Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 – 4	2,581	2,581	3,219	3,219	1,454	1,454	589	589
5 – 9	2,360	2,360	2,943	2,943	1,330	1,330	538	538
10 – 18	2,101	2,101	2,620	2,620	1,183	1,183	480	480
19 – 25	2,412	2,647	3,008	3,300	1,359	1,490	552	605
26 – 30	2,633	2,783	3,283	3,470	1,484	1,568	601	635
31 – 35	3,239	3,421	4,038	4,265	1,825	1,928	740	780
36 – 40	3,934	4,182	4,906	5,213	2,215	2,355	898	953
41 – 45	5,138	5,665	6,406	7,062	2,894	3,191	1,173	1,292
46 – 50	6,548	7,205	8,164	8,983	2,952	3,246	1,197	1,315
51 – 55	8,442	9,299	10,526	11,595	3,804	4,190	1,541	1,697
56 – 60	11,738	11,738	14,632	14,632	5,288	5,288	2,145	2,145
61 – 65	13,495	13,495	16,825	16,825	6,079	6,079	2,464	2,464
66 – 70*	17,272	17,272	21,533	21,533	7,782	7,782	3,154	3,154
71 – 75*	20,530	20,530	25,595	25,595	9,250	9,250	3,748	3,748
76 – 99*	20,530	20,530	25,595	25,595	9,250	9,250	3,748	3,748

* 只適用於續保。66 歲的保費亦適用於受保人 66 歲生日前生效之新保單。Applicable to renewal only. Premium rate for age 66 is applicable to newly policy effective before insured's 66th birthday.

申請增值保障可享保費 9 折。10% off premium for applying Top Up Option.

附加門診保障 Optional Outpatient Benefits						
計劃級別 Plan Level	尊尚 Premier		優越 Superior		標準 Standard	
年齡 Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
0 – 18	14,537	14,537	11,010	11,010	8,370	8,370
19 – 25	9,449	10,614	6,915	7,814	5,415	6,117
26 – 30	9,686	10,878	7,068	7,983	5,533	6,252
31 – 35	10,101	11,348	7,372	8,331	5,770	6,519
36 – 40	10,407	11,689	7,599	8,586	5,952	6,726
41 – 45	11,447	12,859	8,538	9,647	6,685	7,556
46 – 50	12,491	14,032	9,315	10,525	7,291	8,240
51 – 55	13,739	15,433	10,302	11,640	8,064	9,113
56 – 60	14,702	16,512	11,095	12,537	8,687	9,819
61 – 65	16,170	18,167	12,535	14,163	9,811	11,085
66 – 70*	21,021	22,708	15,042	16,712	11,382	13,456
71 – 75*	27,327	27,327	18,800	18,800	14,229	14,229
76 – 99*	27,327	27,327	18,800	18,800	14,229	14,229

* 只適用於續保。66 歲的保費亦適用於受保人 66 歲生日前生效之新保單。Applicable to renewal only. Premium rate for age 66 is applicable to newly policy effective before insured's 66th birthday.

註：

- 年齡以最生日日期計算。如您下一個生日是在投保日期起計 6 個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
- 「0」歲指出生滿 12 日。
- 以月繳或半年繳的保費會被徵收分別 5% 及 2.5% 的附加費。月繳保費金額及附加費 = 年繳保費金額 × 0.0875。半年繳保費金額及附加費 = 年繳保費金額 × 0.5125。應付總金額以收款票據所示為準。
- 藍十字保留調整保費率及其後續保費的權利。
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。

Remarks:

- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- "0" year old means the age of 12 days.
- Premiums to be paid by monthly or semi-annual payment modes are subject to a surcharge of 5% and 2.5% respectively. Premium amount with surcharge for monthly payment mode = annual premium amount × 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount × 0.5125. Please refer to the debit note for the total amount payable.
- Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

重要事項

1. 就已存在的狀況而言，若該狀況是受保於先前之團體保單，該狀況於本保單將繼續受到保障，即代表受保人就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）可獲之保障相等於符合索償資格的費用之100%，惟須受限於本保單適用的最高賠償額及其他條款及細則。

在受保人仍然受保於生效之團體保單的情況下，若受保人患上之傷病為生效之團體保單所保障之已存在的狀況，就該已存在的狀況而言，受保人就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）可獲之相關保障將相等於符合索償資格的費用之100%，惟須受限於適用的最高賠償額及其他條款及細則。儘管如上文所述，藍十字於第一個受保期內就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）將只會支付符合索償資格的費用之50%，惟須受限於本保單適用的最高賠償額及其他條款及細則。藍十字不會就不受保於先前之團體保單或生效之團體保單的已存在的狀況之傷病作出任何賠償。

2. 如客戶選擇申請轉換至較先前團體醫療保單為高的住院或門診保障計劃級別、申請附加門診保障（而客戶未於先前之團體保單內享有門診保障）、曾經受保於「摯安心精選」醫療保險計劃而其後取消此保障並再次遞交投保申請，或藍十字團體醫療保險成員之配偶或子女且並非現已受保於藍十字團體醫療保險計劃，則須接受健康核保，而藍十字將保留權利，根據核保結果而收取額外保費，附加不保事項或不接納其申請。
3. 本計劃保證續保（視乎續保時本公司仍否提供本計劃），藍十字將不會根據個別受保人於續保時的健康狀況或索償記錄，向其額外收取保費或附加不保事項至個別保單。然而，藍十字將保留在續保時調整保費及更改條款及細則的權利，例如：因應受保人年齡組別的調整、特定風險級別或風險級別的轉變作出保費調整。
4. 可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合所有保單條款及細則及所有不保之事項的情況下支付。
5. 「外科醫生費用」根據外科手術表計算，包括按其主診醫生書面建議，於住院期間接受由外科醫生進行之外科程序或手術，或接受日症手術。「日症手術」指於門診設施由醫生進行屬醫療必要之醫療或外科程序。門診設施包括醫生診所，或醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。

Important Notes

1. With respect to pre-existing conditions, the insured shall retain coverage provided by the preceding group policy under this policy i.e. the benefits payable to the insured under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum) will be equivalent to 100% of the eligible expenses for any claim, subject to the applicable maximum benefit limits and other terms and conditions of this policy.

In case where the insured remains covered by the in-force group policy, if he is suffering from a disability which is a pre-existing condition covered under the in-force group policy, the benefits payable to the insured under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum) will be equivalent to 100% of the eligible expenses, subject to the applicable maximum benefit limits and other terms and conditions of this policy. Notwithstanding the aforesaid, during the first period of insurance, Blue Cross shall only pay 50% of the eligible expenses under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum), subject to the applicable maximum benefit limits and other terms and conditions of this policy. Blue Cross is not liable for any claim for disability which is a pre-existing condition that is not covered under the preceding group policy or in-force group policy.

2. The application is subject to underwriting if the customer opts for a higher level of inpatient or outpatient benefits than his previous group medical insurance policy, enrolls in the outpatient benefits where his previous group medical insurance policy does not provide any outpatient coverage, was insured under this Plan but then terminated the policy and re-enrolls, or the spouse or child(ren) of Blue Cross Group Medical Insurance Members who are currently not insured by Blue Cross Group Medical Insurance Plan. In which case, Blue Cross reserves the right to charge extra premium or impose exclusions or decline his application according to its underwriting decision.
3. Renewal is guaranteed (subject to the availability of the Plan at the time of renewal) and Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured's health status or claim history at the time of renewal. However, Blue Cross reserves the right to revise the terms and conditions of the policy and adjust the premium upon policy renewal due to, for example, age-related adjustment, a particular risk class or change of risk class.
4. Assessment of the estimated eligible claim amounts is for customer's reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.
5. Surgeon's Fees will be calculated in accordance with the Surgical Schedule, including operation performed by a surgeon during a confinement or Day Case Procedure upon the written recommendation of the attending physician. "Day Case Procedure" means a medically necessary medical or surgical procedure which is performed by a physician in an outpatient facility. An outpatient facility may refer to a physician's clinic, a day case centre, a day care centre, or an outpatient department or equivalent facility established and operated by a Hospital.

重要事項

6. 「每天住院現金津貼」只適用於入住合格公立醫院普通病房。
7. 「自付額」只適用於「基本住院及手術保障（總額）」。如受保人於續保時年齡為50、55、60或65歲，保單持有人可於該續保日之前或之後31天內要求減低該受保人之「自付額」，而無須提供該受保人進一步之健康證明。每名受保人終身只限行使此權利1次，而且一經行使將不可撤銷。有關更改只會於續保時生效，並需獲藍十字核准。
8. 「合理慣例」指治療、服務或物料收費不超過在當地由具相若水平的相關服務或物料供應者，為同一性別和年齡的人士針對類似疾病或傷患提供的相類似的治療、服務或物料所收取的收費水平。「合理慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理慣例」的醫療費用：
a) 載列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住院醫療服務的費用；b) 由業界進行的治療或服務費用調查；c) 內部索償數據；d) 受保程度或水平；及/或 e) 於提供治療、服務或物料當地之其他適當相關參考資料。
9. 「醫療必要」指需要就傷病接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：a) 需要合資格醫療人士的專業知識；b) 與診斷一致，並對醫治該狀況而言屬必需；c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診的合資格醫療人士帶來方便或感到舒適而提供；及d) 在該情況下以最具成本效益的方式和設定提供。
10. 儘管另有任何其他規定，受保人於本保單可享之保障將在下列日期起生效，以較遲者為準：a) 保單生效日期；b) 受保人生效日期；c) 首個受保期之保單簽發日期。若受保人在其保障生效當日仍然住院，本保單之保障只會於該受保人出院當日的下一天起生效。
11. 該成員資格的終止原因，不可因為藍十字團體醫療保險計劃終止或未獲續保所致。

Important Notes

6. Daily Hospital Cash Allowance applies to general ward of eligible public hospital only.
7. The Deductible is only applicable to the Basic Hospital and Surgical Benefits (Lump Sum). With respect to an insured of age 50, 55, 60 or 65 at renewal, the policyholder may apply for lowering the Deductible within 31 days before or after the relevant renewal without providing Blue Cross with further evidence of the insured's health status. This right can only be exercised once during the lifetime of an insured and is irrevocable. The change shall only take effect on renewal and subject to the approval of Blue Cross.
8. Reasonable and Customary refers to a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals of the same sex and age, for a similar disease or injury. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense is Reasonable and Customary, Blue Cross may make reference to the following (if applicable): a) the gazette issued by the Hong Kong Government which sets out the fees for the private patient services in public hospitals in Hong Kong; b) industrial treatment or service fee survey; c) internal claim statistics; d) extent or level of benefit insured; and/or e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
9. Medically Necessary refers to the need to have treatment or service for the purpose of treating a disability in accordance with the generally accepted standards of medical practice and such treatment or service must: a) require the expertise of a qualified medical practitioner; b) be consistent with the diagnosis and necessary for the treatment of the condition; c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the insured, his/her family members, caretaker or attending qualified medical practitioner; and d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
10. Notwithstanding anything to the contrary, the benefit coverage for an insured under this policy shall become effective on the later of the following: a) policy effective date; b) insured effective date; or c) policy issue date of the first period of insurance. If the insured is still confined in a hospital on the day on which his coverage under this policy would have otherwise become effective, the coverage for such insured will only become effective on the next day following his discharge from such confinement.
11. Such termination of membership cannot be as a result of termination or non-renewal of Blue Cross Group Medical Insurance Schemes.

主要不保事項

1. 並非屬醫療必要的治療或測試，或並非經醫生處方購買的藥物。
2. 純粹因接受一般身體檢查、X光診斷、先進造影、化驗或物理治療而住院。
3. 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
4. 已存在的狀況，除非已於保障利益條款內另有註明。
5. 直接或間接因後天免疫缺乏症病毒（「HIV病毒」）及其有關的傷病而引致的費用，包括愛滋病及/或因愛滋病而引致的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染HIV病毒所引致。
6. 直接或間接因以下事項所引致的治療或傷病：濫用藥物或酒精、自我毀傷或企圖自殺、進行不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
7. 以美容或整形為目的或並非與醫療有關的狀況之任何服務費用；聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射等之費用。
8. 因牙科狀況接受之牙科治療及口腔外科手術（受保人因意外而需在住院期間接受的緊急牙科治療及手術除外），及因牙科狀況或於口腔外科手術後不論是以住院病人或門診病人身分接受的覆診治療。
9. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療等。
10. 直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
11. 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。
12. 附加於團體醫療保險保單內的任何個人不保事項。

注意：

- 此小冊子只供參考之用，中英文版本如有差異，以英文版本為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。如有查詢或欲索取保單條款及細則，請瀏覽網址www.bluecross.com.hk、Blue Cross HK數碼保險應用程式或致電藍十字客戶服務熱線3608 2988。
- 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
- 「摯安心精選」醫療保險計劃由香港獲授權之保險商－藍十字（亞太）保險有限公司承保。
- 藍十字（亞太）保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員，與 Blue Cross and Blue Shield Association及其任何相關聯機構或許可證持有人並無任何關係。

Major Exclusions

1. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
2. Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory test or physiotherapy.
3. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
4. Pre-existing Conditions, unless specified otherwise in the Benefits Provisions.
5. Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related Disability, including Acquired Immune Deficiency Syndrome ("AIDS") and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date.
6. Treatment or disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
7. Any charges in respect of services for beautification, cosmetic purposes or non-medically related conditions; expenses for hearing tests, routine blood tests, general checkups, prophylaxis treatment, vaccinations or inoculations, etc.
8. Treatment of a dental condition and oral surgery (except treatment of an emergency and surgery arising from an accident received by an insured during confinement) as well as follow up treatment of the dental condition or oral surgery whether as an inpatient or outpatient.
9. All investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility, etc.
10. Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
11. Treatment or disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.
12. Any exclusions or conditions previously imposed to the individual on the group medical insurance policy.

Notes:

- This brochure is for reference only. Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions. For more information or a copy of the policy terms and conditions, please visit www.bluecross.com.hk, Blue Cross HK Digital Insurance App or call Blue Cross Customer Service Hotline on 3608 2988.
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Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



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